

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAR 18 2003

Technology Center 2600

Applicants: James A. Moorer

Assignee: Sonic Solutions

Title: CD Playback Augmentation

Serial No.: 09/505,556

Filed: February 17, 2000

Examiner: G. Patel

Group Art Unit: 2655

Docket No.: M-10488 US

Conf. No.: 6818

San Francisco, California
March 12, 2003

Commissioner for Patents
Washington, D. C. 20231

RESPONSE TO REQUIREMENT FOR RESTRICTION

Dear Sir:

In response to the Office Action dated February 21, 2003, claims 4-14, 33-51, 71-82 and 89-94 of Group C are elected for examination in the above-identified patent application.

EXPRESS MAIL LABEL NO:

EU877117988US

Respectfully submitted,

Michael G. Cleveland
Reg. No. 46,030

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#2
P.D.
3-19-03



3/19/03

2655

Docket No.: M-10488 US

March 12, 2003

Commissioner For Patents
Washington, D.C. 20231

Re: Applicant(s): James A. Moorer
Assignee: Sonic Solutions
Title: CD Playback Augmentation
Application No.: 09/505,556
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Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate); and
- (3) Response to Requirement for Restriction



No additional fee is required.



The fee has been calculated as shown below:

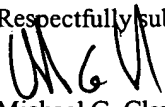
CLAIMS AS AMENDED

<u>Claims Remaining After Amendment</u>		<u>Highest No. Previously Paid For</u>		<u>Present Extra</u>	<u>Rate</u>	<u>Additional Fee</u>	
Total Claims	Minus		=	0	x \$18.00	\$	0.00
Independent Claims	Minus		=	0	x \$84.00	\$	0.00
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application					\$	
<input type="checkbox"/>	Fee for Petition for Extension of Time					\$	
<u>Total additional fee for this Amendment:</u>						\$	<u>0.00</u>
<input checked="" type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.					\$	
<input checked="" type="checkbox"/>	Please charge our Deposit Account No. 19-2386 in the amount of					\$	<u>0.00</u>
<input checked="" type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 19-2386.					\$	
Total:						\$	<u>0.00</u>

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